



OFFICE OF THE SECRETARY OF STATE  
 DRIVER SERVICES DEPARTMENT

2701 S. DIRKSEN PKWY.  
 SPRINGFIELD, IL 62723  
 800-252-8980  
 www.cyberdriveillinois.com

**Gender Designation Change Form**

The Secretary of State (SOS) can only accept original forms with original signatures.  
 Photocopies and faxes are not acceptable.  
 You must surrender the existing driver's license or ID card that is to be changed.

**A. Applicant Information** (Name on current driver's license/ID card)

Last Name	First Name	Middle Name	Suffix
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Driver's License/ID Card Number \_\_\_\_\_

Residential Address

Street	Apt. #	City	State	ZIP
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**B. Gender Designation Statement**

I (print name from above), \_\_\_\_\_  
 wish the gender designation on my driver's license/ID card to read:  Male  Female

**Attestation**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my driver's license/ID card is for the purpose of ensuring that my driver's license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**False statements are punishable by fine, imprisonment, or both.**

**To Be Completed by SOS Personnel Only**

Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_